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Subject: Naval Service Medical News (NSMN) 95-25

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SUBJ/PUBLIC AFFAIRS-NAVAL SERVICE MEDICAL NEWS (NSMN) (95-25)//
POC/P.C. BISHOP/CAPT/MED-00P (PUBLIC AFFAIRS)/-/TEL:(202)
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RMKS/1. THIS SERVICE IS FOR GENERAL DISTRIBUTION OF INFORMATION AND NEWS OF INTEREST TO NAVY AND MARINE CORPS MEMBERS, CIVILIAN EMPLOYEES, FAMILY MEMBERS AND RETIRED BENEFICIARIES OF NAVY MEDICINE. MAXIMUM AND TIMELY REDISTRIBUTION OR FURTHER REPRODUCTION AND USE BY ACTION ADDRESSEES IS ENCOURAGED. THIS MESSAGE HAS BEEN COORDINATED WITH THE COMMANDANT OF THE MARINE CORPS (CMC). THE COMMANDANT HAS AUTHORIZED TRANSMISSION TO MARINE CORPS ACTIVITIES.

2. HEADLINES AND GENERAL INTEREST STORIES THIS WEEK:
(950198)-Naval Hospital/Corry Station Team Up for Wellness
(950199)-Naval Medical Center Keeps C-Section Rate Low
(950200)-And Babies Make Seven
(950201)-Most Senior Resident in Navy Serves at 29 Palms
(950202)-Navy Nurse Wins in Armed Forces Skeet Championships
(950203)-NAVSUP/BUMED Joint QMB Report (para 4)

HEADLINE: Naval Hospital/Corry Station Team Up for Wellness
NAVHOSP Pensacola, FL (NSMN) -- Naval Technical Training Center Corry Station has teamed up with Naval Hospital Pensacola to open the Navy's first combined Outpatient Physical Therapy/Morale Welfare and Recreation Wellness Center at the NTTC base here 7 June.

The Navy's one-of-a-kind Wellness Center was the cooperative brain child of Naval Hospital Pensacola's Outpatient Physical Therapy and Corry Station's MWR departments. The partnership facility will house an outpatient physical therapy unit and a basic fitness center with space for such wellness-related activities as aerobics classes, nutrition seminars, physical testing and smoking cessation classes.

"This was a natural marriage," said RADM Paul E. Tobin, Vice Chief of Naval Education and Training, who assisted with the grand opening of the facility. "We should have done this a lot sooner. It brings together the professional expertise of the physical therapist along with those people who are specialists in recreation. And when you combine those two skills, everybody's going to profit."

Tobin, who formerly oversaw the MWR program Navywide, said: "I'm enthusiastic about the idea ... This is just another

example of the great things that are possible if we put our mind to working together to bring together our resources. In this case, we're combining MWR assets with the knowledge and facilities of the naval hospital."

According to LT Bob Towle, MSC, a physical therapist at the naval hospital, "This is a first for the Navy, and it makes sense to have the two together because once we're done with our patients, we can transition them to MWR fitness specialists."

Following physical therapy treatment, patients will normally begin exercising on their own in the local gymnasium. But now the patients can go to the Wellness Center -- which is open to all Department of Defense eligible beneficiaries -- to continue their workouts. And if they need assistance about getting back into shape, the hospital's physical therapists will be on site along with Corry's MWR specialists.

"This concept was developed to promote improved function, healing and wellness for all of our patients," said Towle. "The move will also assist a majority of the very young active duty population going to school at the Naval Technical Training Center."

According to Jay Yanovich, Corry Station MWR fitness specialist, "The Wellness Center will create a positive environment for the exchange of ideas between the medical and fitness communities and allow for implementation of new programs as a result."

The multi-faceted facility offers the latest in state-of-the-art cardiovascular exercise equipment, expanded use of fitness assessment, and a direct cross link between therapeutic prescription when needed. The renovated facility is located adjacent to Corry Station's gymnasium, swimming pool, tennis courts, track and walking trails.

The Wellness Center will be staffed by Corry MWR fitness professionals and physical therapists and physical therapy technicians from the naval hospital.

Assisting Tobin with the 7 June ribbon-cutting of the facility were Corry Station Commanding Officer CAPT George Schu and Naval Hospital Pensacola Commanding Officer CAPT Marion Balsam, MC.

The moving of Outpatient Physical Therapy to Corry Station, which is located adjacent to the hospital, was a beginning domino for the hospital's Facilities Management Department to undertake a "detailed review of every room in the hospital, to optimize space so that we could better utilize that which we have," said LT Kurt Gies, head of Facilities.

"The ongoing two-month renovation of the hospital and the collocations of the Ambulatory Care Clinic with the Emergency Room and our medical and surgical wards will result in more than 20 additional exam rooms," said Gies. The renovation is scheduled to be completed on 31 July.

"By optimizing our limited space, we will be able to provide services more efficiently and thereby enhance our capability to deliver health care to our beneficiaries," said Balsam.

Story by Rod Duren, Naval Hospital Pensacola, and Sandra Bansemer, NTTC Corry Station

-USN-

HEADLINE: Naval Medical Center Keeps C-Section Rate Low

NMC Portsmouth, VA (NSMN) -- The Obstetrics/Gynecology Department at Naval Medical Center Portsmouth, as part of its integrated delivery approach, has lowered its cesarean section rate to a level between 19 and 20 percent of all births at the hospital -- well below the current national average of approximately 22-24 percent.

This achievement is particularly significant in light of the number of high-risk pregnancies seen at NMC Portsmouth. In the medical center's role as a major OB/GYN referral center on the East Coast, 20 percent of all pregnancies seen here are considered to be high-risk. High-risk pregnancies are more likely to result in a C-section, because there is a greater chance that the fetus will not tolerate a normal labor and vaginal delivery.

One factor contributing to the lower rate is the medical center's high VBAC (vaginal birth after C-section) rate. Many people believe "once a C-section, always a C-section." Approximately 70 percent of mothers giving birth at the Naval Medical Center who have had a previous C-section delivery deliver vaginally.

Why lower the C-section rate? A C-section, while overall a safe procedure, is still considered major surgery, and brings with it greater risks to the mother. These risks include extended hospitalization, infection, bleeding and even death.

"Keeping the rate low has the potential benefit of decreasing unnecessary morbidity for the mother, and decreasing the associated medical costs," said LCDR James Smith, MC, head of maternal-fetal medicine at Naval Medical Center Portsmouth.

-USN-

HEADLINE: And Babies Make Seven

NNMC Bethesda, MD (NSMN) -- And you thought your family was a handful.

Marine Corps SSgt Jack Cowman and his wife, Liz, went from being the proud parents of two boys to being the proud parents of five boys in one fell swoop, thanks to the arrival of triplets Josh, Jack and Jerry at the National Naval Medical Center last fall.

In a way, they should have expected something like this, because multiple births run on both sides of the family, but still ...

Things were going along pretty well, chugging right along you might say -- if you can call having two boys running about and three more waiting in the wings chugging right along, that is -- until Liz had to have an appendectomy when she was five months pregnant.

It was not an easy pregnancy. Liz went into labor after her appendectomy, but the doctors stopped it. She was in the hospital six days, then was allowed to go home. But five days later, pre-term labor began again ... on Labor Day yet.

She returned to the hospital, and that is where she stayed

until the babies were born 27 October.

That is a very long time to lie in bed, separated from your husband and two sons, but somehow they all survived -- thanks in great part to Liz's doctor, LCDR Elizabeth McKinney, MC. "The nurses on 3E were great, too," Liz said. "We just got a letter from one of them."

Her husband agreed, adding, "They were wonderful to her. They became friends, and still keep in touch."

The triplets were born two months early. There were problems at first, and they spent the first few weeks of their lives in the neonatal intensive care unit. "They couldn't have gotten better care," Liz said, as she tried to get Jack's hand out of Jerry's ear while Josh smiled happily at his foot. She adjusted the babies on her lap, then her husband reached over and took one of them into his arms.

Naturally, the family creates a stir every place it goes -- not surprising, when you consider that they are a parade. Mother Liz, father Jack and their entourage -- 7-year-old Michael, 2 1/2-year-old Curt, and the 6-month-old triplets riding in lock step in what looks like a train but is really a stroller built for three.

By the way, they've decided not to try for a girl.

They don't need any more basketballs, either.

Story by Teal Ferguson, reprinted from The Journal, 8 June 1995

-USN-

HEADLINE: Most Senior Resident in Navy Serves at 29 Palms

NAVHOSP Twentynine Palms, CA (NSMN) -- One of the most common occurrences in the military is for service members to argue over who has the harder job. But aside from near-universal agreement that "military wife" is near the top, few people can ever agree on how different jobs compare.

There just isn't enough similarity, for instance, between the duties of a test pilot and an orthopedic surgeon. The head of the Orthopedics Department at the naval hospital here, though, can compare those two; he has been both.

CAPT Ken Koskella, MC, who came to Naval Hospital Twentynine Palms in July 1994, took a 15-year hiatus from practicing medicine after a stint as the flight surgeon for an RA-5C "Vigilante" squadron in Key West, FL.

"I decided I liked flying airplanes better than I liked practicing medicine, so I applied for flight training," he said. "I went through Navy flight school/jet transition, and got my wings in 1977." Koskella had been in the Navy for five years at that point.

After flight school, Koskella went to Whidbey Island, WA, for transition training on the A-6 "Intruder," including day and night aircraft carrier qualification.

"My primary mission was night and low-level, bad-weather situations," he said. "Every mission is hazardous, and a lot of scary things happen flying at four or five hundred feet, in the dark, in the mountains, in the clouds, at four hundred miles an hour, using radar and weather sensors to keep from hitting something. That was almost as exciting as night carrier

landings. And we did (night flying) every night."

After a year of training, Koskella stayed at Whidbey Island as an instructor, teaching new pilots dogfighting, bombing and navigation skills.

After three years as an instructor, Koskella went on a "float" to Yokosuka, Japan, aboard USS Midway (CV 41), during which he logged 50 daytime carrier landings and 30 night landings.

Upon his return from Japan, Koskella reported to Air Test and Evaluation Squadron 5 (VX-5) in China Lake, CA, where he was certified on the A-7 "Corsair."

"VX-5 is an operational test squadron that tests tactics for weapons that have been cleared by test pilots," he said. "They integrate the weapons into the hands of the average fleet pilot. An operation test squadron like VX-5 is fleet pilots, not test pilots."

In the Navy, Koskella explained, testing is divided into two general areas: developmental testing of new planes and computer systems for them, which is done by test pilots, and operational testing, during which fleet pilots see if the new planes are compatible with the fleet and its mission.

"We tested a lot of weapons in as realistic an environment as we could create," he said. "We tried to set up a war and then test this stuff and see how it works, see if we could find problems with it."

After four years with VX-5, Koskella was accepted to the U.S. Navy Test Pilot School, from which he graduated in 1985 as an engineering test pilot. The term "engineering test pilot" is derived from the curriculum, which includes a great deal of engineering math, so pilots can explain to the engineers the performance of the planes from the pilot's point of view.

Koskella realizes luck had something to do with his selection for the program.

"The test pilot school is very hard to get into," he said. "They have two classes per year, and there are probably 10 jet pilots Navy and Marine Corps-wide.

"The requirements for the Navy test pilot program are one thousand hours in tactical aircraft, at least one tour in the fleet, and a need for your experience level so it can be matched with programs that are coming down the road later," he said. "They may have a hundred qualified applicants, but if only one of them is an A-6 pilot and they have an A-6 like program coming, that's the one that goes.

"In my case, they had an advanced A-6 coming down the road as well as a new 'stealth' technology airplane coming down the road that they needed an A-6 pilot for," he said. "Since I fit well and had the qualifications, I was one of the ones who got to go."

Once he completed the school, Koskella was made the head of the A-6 program at Patuxent River, MD.

"My main job for the first two years was managing the A-6F 'Intruder II' test program," he said. "We actually got five A-6Fs built and flying, and I was one of the two Navy pilots to ever fly the new-generation A-6F, at which point it was canceled

to put the money into a different program -- the A-12 'Avenger.'"

Koskella was assigned to the new A-12 program as the lead test pilot and the deputy program manager for testing and evaluation. That program, too, was canceled, this time due to changes in the world political situation.

"That's when Russia underwent a lot of changes and made the need for carrier-based, long-range, strategic stealth bombers a lot less critical," he said. "At the same time we were having significant budget cutbacks and a lot of other things happening that made the amount of money committed to this program look like a bad idea."

From the time the program cancellation was announced, Koskella and the other test pilots started looking for jobs in a market where uses for their specialized skills came "few and far between."

"There were no decent jobs that I could see that I could get or compete for," he said. "That's the point at which I thought about going back into medicine after a 15-year layoff."

After consulting with various specialists and determining orthopedic surgery looked good to him, Koskella applied for and was accepted by the Navy to be put back through medical training.

"I went to Bethesda Naval Hospital in Maryland in January of '90 for a six-month refresher period as an intern," he said. "I was the oldest, most-senior intern in the world. Having a captain who's an intern is really unusual. The only person in the hospital who outranked me was the CO."

In July of 1990, Koskella reported to Naval Medical Center Oakland, CA, for a four-year orthopedic surgery residency before reporting to the naval hospital at the Marine Corps Air Ground Combat Center in Twentynine Palms in July 1994.

So how does being a test pilot compare to being an orthopedic surgeon?

"The work as a naval aviator on a cruise or as a test pilot is equally demanding, just as time-consuming, as medicine," he said. "That is a difficult, demanding job. There's a lot of stress associated with it. ... Naval aviation is not an easy thing to do, but that's true of a lot of things in the military."

Koskella made a point of excepting his medical training from the comparison.

"You work a hundred hours a week, year after year," he said.

"So during training programs, medicine is worse."

Time at sea makes both jobs more difficult, though.

"Here you have to be on every other night, but when you're on a carrier at sea, you're there every night, you work every day, you work nights, you work seven days a week," he said.

"Those are both tough professions."

Though he has already given 27 years of his life to the Navy, Koskella has no plans to retire any time soon.

"There's a real shortage of orthopedic surgeons in the military, so there's a major need for us to stay in," he said. "There's no automatic '30 years, you're out.' They don't have enough to do that. So I plan on staying in indefinitely, as long as they'll let me stay in."

It isn't just his current job and the military's need for its practitioners that keeps Koskella in the Navy, though.

"I like the military," he says. "I love the people. That's the main reason. I like the people I work with -- from the E-3 swabbing down the deck who's right out of high school and full of enthusiasm, to the senior guys running the program. I've found I really like the people in the military. ... I liked working with them as an aviator, and I like taking care of them as an orthopedic surgeon. That's why I'm here."

Story by Cpl Drew Kime, USMC

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HEADLINE: Navy Nurse Wins in Armed Forces Skeet Championships

NAVHOSP Camp Lejeune, NC (NSMN) -- Naval Hospital Camp Lejeune's LCDR James Hill, NC, rounded out the five-man Active Duty Navy Skeet Team at the 35th Armed Forces Skeet Championships held recently in San Antonio. The Armed Forces Championships was his third official competition since he began competing.

Hill's skeet shooting began last July during the MWR base sponsored intramural skeet competition. Over the last 10 months he has devoted a lot of time and effort to improving his skeet shooting abilities -- shooting 300-400 targets every week since January. There are multiple levels of competition, depending on your average, which is determined by your percentage of targets hit over the number of targets shot at. As your average increases, you advance up the competitive ladder. Both Hill and his 15-year-old son, Brian, are members of the National Skeet Shooting Association and are official referees as well as competitors.

The championships are the highlight of the military skeet season, where all the armed services send active duty teams to compete. The competition is open to all active duty and retired military personnel, who compete for not only team honors but also for individual awards.

"The vast majority of competitive shooters are what we call four-gun shooters," Hill said, which means they shoot 12 gauge, 20 gauge, 28 gauge and 410. At the Armed Forces Championships, which had 150 entrants this year, competitors shot 100 targets each in 20, 28 and 410 as well as 200 in 12 gauge. Score totals were added together to get an individual High Overall Average, which were then added together for team scores.

Hill won several individual awards for various age and class categories. He also won a specially engraved shotgun for winning his class, hitting 457 out of 500 targets over the five-day competition. The second place finisher shot 456. "Every target counts," commented Hill.

Hill plans to return to San Antonio in October for the World Shoot competition, as well as competing in several events in North Carolina, Virginia and Georgia.

Reprinted from The Globe, 8 June 1995

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3. Events, observances and anniversaries for 25 June - 4 July; month of July events; and important dates for July from the

Bureau of Naval Personnel:

JUNE

25 June - 1 July: Helen Keller Deaf-Blind Awareness Week
(516/944-8900, ext. 325)

27 June: Helen Keller's birthday

27 June: Morning (0600-0800) and Night (till 2200)

Detailing (Washington, DC, time)

30 June: E-4 Evaluations Due

JULY

Hemochromatosis Screening Awareness Month (518/489-0972)

National Purposeful Parenting Month

National Tennis Month

National Recreation & Parks Month

National Ice Cream Month (the ice cream cone was invented on
23 July 1903)

3 July 1945: U.S. Army Entered Berlin

4 July: Independence Day

4 July 1895: "America the Beautiful" published (written by
Katherine Bates, 22 July 1893)

BUPERS DATES FOR JULY

11 July: Morning (0600-0800) and Night (until 2200)

Detailing (Washington, DC, time)

17 July: Aviation Department Head Board Convenes

24 July: Active O-3 Line Board Convenes

25 July: Morning (0600-0800) and Night (until 2200)

Detailing (Washington, DC, time)

31 July: Reserve Aviation Commander Command Board Convenes

31 July: O-6 FitReps Due

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4. Professional Notes: Information on upcoming symposiums, conferences or courses of interest to Navy Medical Department personnel and wrap-ups on ones attended. Anyone with information to share in this section should contact the editor (see the last paragraph of this message on ways to do so).

July/August Meetings:

-- 18-23 July, 23rd Annual National Training Conference (Symposium), "Excellence Through Mentoring, Training and Professionalism," National Naval Officers Association (NNOA), Holiday Inn Executive Center, Virginia Beach. For registration application, call 1-800-772-6662. Navy POC is CDR Ruby Miller, DSN 227-1022 or (703) 697-1022.

-- 27-30 August, 11th Meeting of the International Society for STD Research, New Orleans Marriott, 1-800-642-2515.

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HEADLINE: NAVSUP/BUMED Joint QMB Report

BUMED Washington (NSMN) -- The Bureau of Medicine and Surgery and the Naval Supply Systems Command reported recently on numerous initiatives being worked through a NAVSUP/BUMED Joint Quality Management Board. Progress in these initiatives include:

-- Cross-training of Medical Service Corps and Supply Corps officers to operate in joint environments, such as aboard hospital ships, in fleet hospitals or in medical centers to

increase the technical proficiency of personnel operating in these shared assignments.

-- In the area of food service management, the focus is on educating food preparation personnel, patrons and family members on healthier food choices. Chief, Naval Education and Training's Electronic Schoolhouse will be used in this endeavor. Also, a new tri-service food service automation system is being evaluated for Navy general mess application.

-- Automating and standardizing AMALs/ADALs is underway with a meeting this month to recommend joint CINC/TYCOM resolution. Similarly, a medical prime vendor initiative to increase supply support and reduce cost of medical supplies to the fleet is underway, which promises significant opportunities to enhance medical readiness.

-- The designation of NAVSUP (PML-500), for a one-year trial period, as the Integrated Logistics Support Manager for deployable medical platforms. This new initiative includes fleet hospitals, hospital ships, Fleet Marine Forces and casualty receiving and treatment ships (L class) and provides a central point of contact for life-cycle logistics support of medical materiel and equipment systems.

Story by LCDR Bill Kinney, MSC

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5. ADDRESSEES ARE ENCOURAGED TO SUBMIT INFORMATION AND NEWS ITEMS OF MEDICAL DEPARTMENT OR BENEFICIARY INTEREST (IN STORY FORMAT) BY TELEPHONE, FAX OR E-MAIL TO BUMED, ATTN: EDITOR, NAVAL SERVICE MEDICAL NEWS (MED 00P2). TELEPHONE (202) 653-0793, DSN 294-0793. FAX (202) 653-0086, DSN 294-0086. E-MAIL NMC0ENL@BUMED10.MED.NAVY.MIL//

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